



# IDAHO DEPARTMENT OF HEALTH & WELFARE

JAMES E. RISCH – Governor  
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DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
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*7/27/06*  
**COPY**

July 14, 2006

Mr. Greg Maurer, Administrator  
Elmore Medical Center  
895 N Sixth East  
PO Box 1270  
Mountain Home, ID 83647

Re: Provider #131311

Dear Mr. Greg Maurer:

This is to advise you of the findings of the Medicare swing bed survey of Elmore Medical Center which was done on July 6, 2006.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form HCFA-2567, listing Medicare Deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the deficient system to insure compliance is achieved and maintained. Included how the monitoring will be done and at what frequency.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Mr. Greg Maurer, Administrator

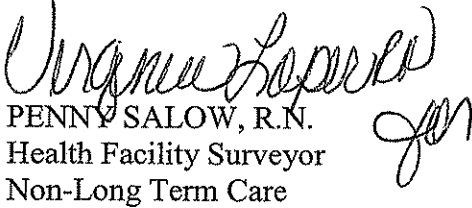
July 14, 2006


Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by July 27, 2006, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office.

Sincerely,

  
PENNY SALOW, R.N.  
Health Facility Surveyor  
Non-Long Term Care

  
SYLVIA CRESWELL  
Supervisor  
Non-Long Term Care

SC/mlw

Enclosures



**Elmore Medical Center Hospital District**

P.O. Box 1270 • 895 North 6th East • Mountain Home, Idaho 83647 • (208) 587-8401

TDD (208) 587-8401

FAX (208) 587-8406

July 27, 2006

Sylvia Creswell, Supervisor  
Bureau of Facility Standards  
Idaho Department of Health & Welfare  
PO Box 83720  
Boise, Idaho 83720

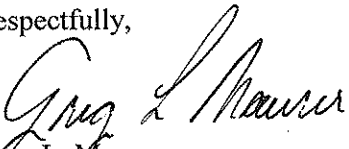
**Re: Provider #131311 – Plan Of Correction, Form CMS-2567**

Dear Ms. Creswell:

Please find attached Elmore Medical Center's Plan of Correction for the Federal deficiency identified in our July 6, 2006 Critical Access Hospital survey.

If you have a question or would like to discuss our plan, please feel free to contact Lynda Vilanova, Chief Nursing Officer at 580-2662, or myself at 580-2667.

Respectfully,

  
Greg L. Maurer  
Administrator

RECEIVED

JUL 27 2006

FACILITY STANDARDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/06/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELMORE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>895 N SIXTH EAST, PO BOX 1270 MOUNTAIN HOME, ID 83647</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 000	<b>INITIAL COMMENTS</b>  The following deficiency was cited during the Medicare recertification survey of your Critical Access Hospital. The surveyors conducting the Medicare recertification survey were:  Penny Salow, R.N., H.F.S., Team Leader Gary Guiles, R.N., H.F.S. Deb Dore, R.N., H.F.S.  Abbreviations:  CAH = Critical Access Hospital CNO = Chief Nursing Officer LSW = Licensed Social Worker	C 000			
C 386	<b>485.645(d)(5) SOCIAL SERVICES (483.15(g))</b>  The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  A facility with more than 120 beds must employ a qualified social worker on a full-time basis.  A qualified social worker is an individual with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals.  This STANDARD is not met as evidenced by: Based on staff interview and review of medical	C 386	I. To ensure that a Social Services psychosocial assessment is completed in a timely manner for Elmore Medical Center to meet the Social Services standard C386 485.645(d), the following actions have been taken: 1. Revision of Policy: <u><b>Social Services Assessment of Swing Bed Patients</b></u> (Attachment I) 2. Revision of Policy: <u><b>Admission of Swing Bed Patients</b></u> (Attachment II) 3. Development of Policy: <u><b>Care Team notification for changes in patient level of care status</b></u> (Attachment III) 4. Development of Policy: <u><b>Swing Bed Assessments</b></u> (Attachment IV) 5. Development of a process for 24-hour notification of social services for swing bed patient status change – see attached memo dated 7/26/06. (Attachment IV)	8/21/06	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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C 386	<p>Continued From page 1</p> <p>records and policies, it was determined the CAH failed to ensure psychosocial assessments for 4 of 5 Swing-bed patients (#6, 14, 15 and 16), whose records were reviewed, were completed in a timely manner. The lack of psychosocial assessments created the potential for unmet psychosocial needs. The findings include:</p> <p>1. Swing-bed records were reviewed and the following issues were identified:</p> <p>* Patient #6 was admitted to Swing-bed status on 6/29/06. When her record was reviewed on 7/5/06, six days after admission, the "SOCIAL SERVICES PSYCHOSOCIAL ASSESSMENT" form was noted to be blank. No documentation was found to indicate a psychosocial assessment had yet been completed.</p> <p>* Patient #14 was admitted to Swing-bed status on 1/26/06 and discharged on 1/30/06. The closed record contained a "SOCIAL SERVICES PSYCHOSOCIAL ASSESSMENT" form which had been completed to reflect the admit date, patient's name, physician's name, birth date, and reason for placement, and indicated the patient understood her rights as a Swing-bed patient. The remainder of the form, including items such as diagnosis, church affiliation, cognitive status/behaviors, use of psychotropic medications, marital status and name of spouse, was blank. No documentation was found in the record to indicate a complete psychosocial assessment had been performed.</p> <p>* Patient #15 was admitted to Swing-bed status on 2/8/06 and discharged on 2/10/06. The closed record contained a "SOCIAL SERVICES</p>	C 386	<p>6. Revision of discharge planning scope of service to include a monitor for notification of changes in patient care levels related to swing bed admissions and discharges. (Attachment VI)</p> <p>II. The plan for implementation for revised and newly developed policies and procedures as listed and attached, is as follows:</p> <ol style="list-style-type: none"> <li>1. To Nursing Practice Committee for review on August 3, 2006.</li> <li>2. To Nursing Council on August 11, 2006 for approval.</li> <li>3. To Nursing Staff meetings to educate staff on the process and revised policies and procedures on August 17 and 18, 2006.</li> <li>4. Implementation August 21, 2006.</li> </ol> <p>The Social Services Director participated in development of the revised and newly written policies and processes and will be held accountable for compliance. A monitor for review of 100% of swing bed patient records is in place and will be monitored by the Quality Improvement/Utilization Manager through Elmore Medical Center Performance Improvement plan and will be the responsibility of CNO to ensure the policies and procedures and monitor are followed. Outcomes of the review of swing bed patient medical records monitor for Social Services assessment through the notification of changes in patient care levels policy will be reported to Department Performance Improvement</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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C 386	<p>Continued From page 2</p> <p>PSYCHOSOCIAL ASSESSMENT" form which was blank. No documentation was found to show that a psychosocial assessment had been completed prior to discharge.</p> <p>* Patient #16 was admitted to Swing-bed status on 5/3/06 and discharged on 5/7/06. The closed record contained a "SOCIAL SERVICES PSYCHOSOCIAL ASSESSMENT" form which was blank. No documentation was found to show that a psychosocial assessment had been completed prior to discharge.</p> <p>2. Records for Patients #14, 15 and 16 were reviewed with the CNO on 7/5/06 at 1:50 PM and with the LSW at 2:15 PM. Both acknowledged the missing assessment information. The LSW stated a system was in place for her to be notified of all Swing-bed admissions. She indicated there were times when she was unable to complete assessments prior to patients being discharged.</p> <p>3. A form titled "SWING BED CHART CHECKLIST" was provided by the CNO. The second page of the form included a section related to "Designated Departments". The checklist stated "Social Services Psychosocial Assessment Completed : BY NURSE OR SOCIAL WORKER WITHIN 24 HOURS". The CNO stated, on 7/5/06 at 2:30 PM, that the form served as the policy related to Swing-bed psychosocial assessments. Therefore, it was determined that the CAH failed to ensure the policy was followed for 4 of 5 Swing-bed patients.</p>	C 386	Committee and then to Performance Improvement Board Committee with appropriate actions taken.		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  07/06/2006
NAME OF PROVIDER OR SUPPLIER  ELMORE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 895 N SIXTH EAST, PO BOX 1270 MOUNTAIN HOME, ID 83647		
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B 000	<p>Initial Comments</p> <p>No deficiencies were cited during the State licensure survey of your hospital. Elmore Medical Center is in compliance with the requirements of IDAPA 16.03.14, Rules and Minimum Standards for Hospitals in Idaho. The surveyors conducting the State licensure survey were:</p> <p>Penny Salow, R.N., H.F.S., Team Leader Gary Guiles, R.N., H.F.S. Deb Dore, R.N., H.F.S.</p>	B 000			

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 7

6899

SZE311

TITLE

(X6) DATE

If continuation sheet 1 of 1

ELMORE MEDICAL CENTER  
HOSPITAL DISTRICT  
POLICIES AND PROCEDURES

MANUAL: Swing Bed  
AUTHORIZED BY: Nursing Council

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TITLE: Social Services Assessment of Swing Bed Patients      POLICY #:

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SCOPE:      Acute Care Nursing Staff, Social Services, and Quality Improvement/Utilization Nurse

PURPOSE:      To provide direction for social services assessments and care planning of swing bed patients

POLICY:      1.      Elmore Medical Center shall provide social service assessments and plan of care for swing bed patients related to physical, mental, psychosocial and cognitive care needs.

                 2.      Social Services include, but are not limited to:

- A.      Making arrangement for obtaining needed adaptive equipment, clothing and personal items;
- B.      Maintaining contact with family (with patient's permission) to report on changes in health, current goals, discharge planning and encouraging participation in care planning;
- C.      Making referrals and obtaining services from outside entities;
- D.      Assisting patients with financial and legal matters;
- E.      Discharge planning services;
- F.      Providing or arranging provision of needed counseling services;
- G.      Building relationships between patients and staff and teaching staff how to understand and support the patient's individual needs;
- H.      Promoting activities by staff that maintain or enhance each patient's dignity in full recognition of each patient's individuality;
- I.      Assisting patients to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those needs; to include advanced directives.
- J.      Assisting staff to inform patients and their designees about the patient's health status and healthcare choices and possible outcomes;
- K.      Finding options that most meet the physical emotional, and cognitive needs of each patient;
- L.      Assist patients with the grieving process;
- M.      Arranging transportation to outside appointments. As needed.
- N.      Finding options to meet their physical emotional needs.

DEFINITION:      A qualified social worker is an individual with either a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to sociology, special education, rehabilitation counseling, or psychology; and one year of supervised social work experience in a healthcare setting working directly with individuals.

Original: 10/01

Review/Revised: 5/05; 7/06

Source: Nursing

S:\NURSING\Policies and Procedures\ACU.200 - Medsurg\ACU #119.3 Social Services Assessment of Swing Bed Patients.doc



#### PROCEDURE:

1. When a patient is transferred from an inpatient status to a swing bed status, the Acute Care Charge Nurse, HUC or designee shall notify Social Services. Social Services/Utilization Manager or Charge Nurse designee should assure complete a patient assessment within three days.
2. When social service needs are identified, Social Services shall assist in developing the plan of care to ensure that the patient's psychosocial needs are met and treatment goals are developed and documented. (see Social Services Psychosocial Assessment Form Attachment I)
3. Social Services, in conjunction with care team members, shall monitor, on the patient's progress for improvement in physical, mental, and psychosocial functioning and update the care plan as needed.
4. Social Services and the care team members will include the patient's family and/or legal representative in the plan of care, when appropriate and approved by the patient.

Original: 10/01

Review/Revised: 5/05; 7/06

Source: Nursing

S:\NURSING\Policies and Procedures\ACU.200 - Medsurg\ACU #119.3 Social Services Assessment of Swing Bed Patients.doc

**Social Services Psychosocial Assessment  
Swing Bed**

Medical Record # \_\_\_\_\_ Dr. \_\_\_\_\_  
Name \_\_\_\_\_ Admit Date \_\_\_\_\_ Birth Date: \_\_\_\_\_

What do you know about the Swing-Bed and its purpose? \_\_\_\_\_

Do you understand your rights as a Swing-Bed patient? \_\_\_\_\_

Medical Information:

Reason for placement: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Attends Services? \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Mortuary Preference \_\_\_\_\_

Living Arrangements Prior to Admission: \_\_\_\_\_

Current Status upon Admission:

<input type="checkbox"/> Alert	<input type="checkbox"/> Irritable	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Hostile
<input type="checkbox"/> Combative	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Confused	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Lonely	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Moody	<input type="checkbox"/> Fearful	<input type="checkbox"/> Independent	<input type="checkbox"/> Depressed	<input type="checkbox"/> Anxious
<input type="checkbox"/> Argumentative	<input type="checkbox"/> Comatose	<input type="checkbox"/> Unapproachable			

Psychotropic Medication? \_\_\_\_\_

What is resident's current relationship with family/significant other? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of years married: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Close Friends/Relatives:

Identified Social Service Problems:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Interview Informant: \_\_\_\_\_

Social Services \_\_\_\_\_ Date \_\_\_\_\_

Original: 10/01

Review/Revised: 5/05; 7/06

Source: Nursing

S:\NURSING\Policies and Procedures\ACU.200 - Medsurg\ACU #119.3 Social Services Assessment of Swing Bed Patients.doc

TITLE: Admission of Swing Bed Patients

POLICY #:

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SCOPE: Acute Care Nursing Staff, Social Services, and Quality Improvement/Utilization Nurse

PURPOSE: To provide guidelines for admission of swing bed patients

POLICY: When a patient meets Medicare criteria for a skilled nursing facility, he/she may be considered for admission as a swing bed patient providing there are hospital beds available in that category.

PROCEDURE:

1. Based on the attending physician's assessment of the patient's condition and needs, a referral for swing bed placement should be initiated. The Quality Improvement/Utilization Nurse and Discharge Planner will assess the patient's status to determine if he/she meets criteria for the program. If eligible, the patient and/or his/her family should be informed of the change of status. Medicare patients will be issued a Letter of Non-coverage. (Attachment I)
2. The Care Team should be notified of the swing bed admission as outlined in the Care Team Notification for Changes in Patient Level of Care Status policy.
3. The patient is then discharged from Acute Care status and admitted to Swing Bed status per physician orders. The Acute Care chart should be completely closed, and a Swing Bed chart should be made for the patient.
4. A plan of care should be initiated by a Registered Nurse, with input from the Care Team members; and skilled nursing services are to be provided under the direction of a physician.
5. A discharge plan should be initiated upon admission; by the Social Services Director/Discharge Planner or designee.
6. The patient should be re-evaluated at 14 days to consider an extension of the stay. Nursing staff shall monitor to ensure that the patient requirements for skilled nursing coverage by Medicare are met.

Original:

Review/Revised: 7/06

Source: Nursing

S:\NURSING\Policies and Procedures\ACU.200 - Medsurg\ACU Policy #101.4 Admission of Swing Bed Patients.doc

**Elmore Medical Center Hospital District**

P.O. Box 1270 • 895 North 6th East • Mountain Home, Idaho 83647 • (208) 587-8401

TDD (208) 587-8401

FAX (208) 587-8406

**ELMORE MEDICAL CENTER HOSPITAL DISTRICT****CONTINUED STAY –**

Level of Care Change Combined Notice,  
Acute Inpatient to Swing and Attending Physician Concurs

Date of Notice \_\_\_\_\_

Name of Patient/Representative \_\_\_\_\_

Admission Date \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Claim (HIC) Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Attending Physician's Name \_\_\_\_\_

**YOUR IMMEDIATE ATTENTION IS REQUIRED**

Dear \_\_\_\_\_,

This notice is to inform you that Elmore Medical Center Hospital District has reviewed the medical services you have received for \_\_\_\_\_

from \_\_\_\_\_ through \_\_\_\_\_, Your attending physician has been advised  
Date of Admission Condition/Diagnosis Date of Review  
and has concurred that beginning \_\_\_\_\_, you no longer need an acute level of care.  
First non-covered day

You will begin to receive the type of hospital service which are furnished in a skilled nursing facility (SNF) beginning \_\_\_\_\_.  
First Swing Bed Day

This is known as SNF swing bed services. Medicare will pay for your SNF swing bed services (if you have not used up all you SNF benefit days in the benefit period)

However, this notice is not an official Medicare determination. Qualis Health is the peer review organization (PRO) authorized by the Medicare program to review inpatient hospital services provided to Medicare patients in the State of Idaho and to make that determination.

**If you disagree with our conclusion and want an immediate review:**

Request immediately, or at any point in the stay, an immediate review of the facts in your case. You should make this request immediately through the hospital, or directly to Qualis Health at the address listed on the reverse side of this notice.

*Attachment II*

TITLE: Care Team Notification for Changes in Patient Level of Care Status  
POLICY #ACU 103.12

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SCOPE: Nursing, Social Services, Activities, Therapy Services, Health Unit Clerks and Quality Improvement/Utilization

PURPOSE: To ensure Care Team Members are notified of swing bed patient status when an internal change in level of care occurs, and direct swing bed admissions from other facilities.

POLICY:

1. A patient's level of care is changed upon physician order
2. Care team members shall complete the tasks that are appropriate for their discipline as identified in facility policy for the patient's level of care.
3. Changes in level of care occur upon the direction of the patient's physician and should be documented in the medical record as a Physician order.
4. When a physician order is received directing a change in patient status, the HUC or the Acute Care Charge Nurse shall notify Care Team Members and initiate **Change in Level of Care-Swing Bed Form**. Care Team Members include:
  - A. Social Services/Discharge Planning
  - B. Activities Director
  - C. Physical Therapy
  - D. Speech
  - E. Acute Care Nursing Clinical Director
  - F. Dietary Manager/Registered Dietician
  - G. Quality Improvement/Utilization Manager
  - H. Business office

DEFINITIONS:

1. Changes in Level of Care occur when a patient:
  - A. Is discharged from acute level of care and admitted to swing bed level of care.
  - B. Is discharged from swing bed level of care.
  - C. Is a direct swing bed admission from outside the facility.

PROCEDURE:

1. Notification of Care Team Members or designate should be documented on the Change in Level of Care – Swing Bed Status Form (see attachment 1).
  - A. The Change in Level of Care – Swing Bed Status should become a permanent part of the medical record and should be kept in the miscellaneous section of the patient chart.

Original: 07/06

Review/Revised:

Source: S Drive/Nursing/Policies and Procedures/ACU.200/Care Team Notification for Changes in Patient Level of Care Status ACU #

- B. The Acute Care Charge Nurse or designate shall review the Change in Level of Care – Swing Bed Status form on Day 3 of the swing bed admission and report findings to the Acute Care Nursing Clinical Director. In the absence of the Clinical Director, the Charge Nurse reports directly to the CNO.
- C. Reportable findings include but are not limited to:
  - 1. Applicable disciplines were not notified at the time the physicians order was received for admission to, or discharge from swing bed status.
  - 2. Continued Stay Level of Care Change Combined Notice was not given prior to date of Swing Bed Admission.
  - 3. Copy of Acute Care Medical Record is not in Swing Bed Chart.
  - 4. Addressograph and medical record forms were not changed to designate Swing Bed Status.
  - 5. Applicable disciplines admission assessment was not completed by Day 3 of swing bed admission.

**ELMORE MEDICAL CENTER  
HOSPITAL DISTRICT  
POLICIES AND PROCEDURES**

Plan of Correction Attachment IV  
**MANUAL: Swing Bed Manual**

**AUTHORIZED BY: Nursing Council**

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**TITLE:** Swing Bed Assessments

**POLICY #:**

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**SCOPE:** Nursing, Social Services, Activities, Therapy Services, Health Unit Clerks and Quality Improvement/Utilization

**PURPOSE:** To ensure that swing patient assessments are completed in a timely manner.

**POLICY:** The facility shall conduct an accurate, standardized assessment of patient condition that describes the patient's capability to perform daily life functions and significant impairments in functional capacity.

Care Team Members shall complete a comprehensive assessment for a Swing Bed admission and in the event of a significant change of patient condition. Care Team Members include: Social Services, Activities, Nursing Service, Dietary, Physical Therapy, Speech and other disciplines identified in the physician orders at the time of admission.

Patient admission assessments shall be completed by Day 3 of a swing bed admission. Reassessments, in the event of a significant change of condition, shall be completed within 3 days of notification of the Care Team, by the Acute Care Charge Nurse.

**PROCEDURE:**

1. The patient assessment shall include at least the following information:
  - A. Medically defined conditions and prior medical history
  - B. Medical status measurement
  - C. Physical and mental functional status
  - D. Sensory and physical impairments
  - E. Nutritional status and requirements
  - F. Special treatments or procedures
  - G. Mental and psychosocial status
  - H. Discharge potential
  - I. Dental condition
  - J. Activities potential
  - K. Rehabilitation potential
  - L. Cognitive status
  - M. Drug therapy

Original: 07/06

Review/Revised:

Source: Nursing

S:\NURSING\Policies and Procedures\ACU.200 - Medsurg\ACU Policy #119.4 Swing Bed Assessments.docRE/ACU.200/Swing Bed Assessments ACU #

2. Admission Assessments shall be completed on Swing Bed patient's experiencing a change in level of care related to:
  - A. Discharge from Acute Care and Admission to Swing Bed Status internally within EMC.
  - B. Admission from outside facility as a Swing Bed.
3. Reassessment in the event of a significant change may be identified by any member of the Care Team. The Care Team Member shall notify the Acute Care Charge Nurse of any changes in condition that are considered significant and may require a comprehensive assessment. The Charge Nurse shall notify other team members of the need for reassessment.
4. A significant change of condition may include but is not limited to:
  - A. Deterioration in two or more ADL's or any combination of two or more areas of ADL's, communication or cognitive abilities that appears permanent.
    1. Loss of ability to ambulate freely, use hands to grasp small objects or feed and groom self
    2. Deterioration in behavior or mood
    3. Deterioration in resident status where change in places patient's life in danger and is associated with serious clinical complication
    4. Development of Stage III Pressure Ulcer
    5. Prolonged delirious state
    6. Recurrent decline in level of consciousness
    7. Unplanned weight loss (5% in 30 days)
    8. Improvement in behavior, mood or functional status to the extent that the plan of care no longer addresses the needs of the patient
  - B. A comprehensive assessment is not required if declines in physical, mental or psychosocial well-being are short-term or insignificant and do not require a change in the patient's care plan.
    1. Discrete and easily reversible symptoms documented in the resident's record that staff can initiate corrective action
    2. Short-term acute illness
    3. Well-established symptoms associated with previously diagnosed cyclical conditions
    4. Patient makes steady progress under current course of care, reassessment is required only when the condition has stabilized

Original: 07/06

Review/Revised:

Source: Nursing

S:\NURSING\Policies and Procedures\ACU.200 - Medsurg\ACU Policy #119.4 Swing Bed Assessments.doc

RE/ACU.200/Swing Bed Assessments ACU #





**Elmore Medical Center Hospital District**

P.O. Box 1270 • 895 North 6th East • Mountain Home, Idaho 83647 • (208) 587-8401

TDD (208) 587-8401  
FAX (208) 587-8406

July 26, 2006

To: Debbie Bessey, RN, Clinical Director of Nursing Acute Care  
Jane Moore, RN, Clinical Director of Long Term Care  
Susan Bass, Director Health Information Services

CC: Greg Maurer, CEO  
Lynda Vilanova, RN, CNO

From: Brenda Arrillaga LSW, Social Services/Discharge Planning Director  
Jan Landon, RN, Quality Improvement Utilization Manager

Re: Access to Discharge Planning and Utilization Services  
Care Team Notification for changes in Swing Bed Care Level status

Social Services/Discharge Planning and Utilization Services are available Monday through Friday during regular business hours. Services can be accessed in the following ways:

- Brenda Arrillaga, LSW: 587-8401 ext. 193
- Jan Landon, RN: 587-8401 ext. 233      Pager: 368-8359

Weekends, holidays and evening hours the Acute Care Charge Nurse on duty is designated. The Acute Care Charge Nurse will assess the situation and notify the Clinical Administrator on call.

*Attachment V*

**ELMORE MEDICAL CENTER "A Critical Access Hospital"**  
**SCOPE OF SERVICES**  
**DISCHARGE PLANNING**

**SCOPE:**

Discharge Planning is a component of an interdisciplinary health care team that develops a plan to assure patient/resident/client discharge needs from an inpatient setting are identified to ensure appropriate continuing care. Discharge Planning ensures provision of continuity of care of patient/resident/clients during and after their episode of care by providing a discharge plan developed by all appropriate caregivers.

**IMPLEMENTATION OF SERVICES:**

The Social Services/Discharge Planner and in their absence a designated Registered Nurse provides direction for the discharge planning process. The patient's/resident's/client's discharge needs are determined through the initial nursing admission assessment using predetermined screening criteria. Referrals are forwarded to the Social Services /Discharge Planner. Other referrals may be initiated by a physician order or at the request of any staff member, patient/resident/client or family member.

**HOURS OF OPERATION:**

Social Services/Discharge Planner or Registered Nurse Designate is available Monday – Friday during daytime business hours. After business hours, weekend, and holiday coverage is assigned to the Acute Care Charge Nurse on duty. If the situation requires follow up with other disciplines and the Acute Care Charge Nurse deems it necessary, the Clinical Administrator on call should be notified to follow up during business hours.

**QUALITY IMPROVEMENT PROCESS:**

Discharge Planning as interdisciplinary health care team participates with the Utilization Management Nurse to monitor outcome data and evaluate to identify opportunities for improvement. Quality measures related to patient/resident/client care include:

- ◆ Effectiveness of screening at Admission
- ◆ Timeliness of response to referrals
- ◆ Documentation of interventions and patient/resident/client response
- ◆ Continuity of care and disposition post discharge
  - Notification of changes in patient care levels relative to Swing Bed admissions and discharges and the completion of assessments and plan of care.